

EMERGENCY HELP SURVEY

This survey is part of a program to identify residents who may need **SPECIALIZED** help in the event of an **EMERGENCY**. If you or someone you know needs individual help during an **EMERGENCY**, it is important for us to know. Just fill in the information and return this form to the Fremont Police Department, P.O. Box 164. The Fremont Public Safety Departments will use this information to provide the specialized emergency help if needed.

If you have any questions concerning your needs, or if you are concerned about someone you know who may need help in an **EMERGENCY**, call the FREMONT TOWN OFFICE 895-2226 or the FREMONT POLICE DEPARTMENT 895-2229.

This survey is conducted annually. If you have previously filled out a form, please do so again. This will ensure that we have up to date information on your need for help. The addition of your Date of Birth is required by our computer program, and is only available to **EMERGENCY PERSONNEL**.

FOR OFFICIAL USE ONLY THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Person in need of assistance

LAST NAME	FIRST NAME	MI	DATE OF BIRTH
ADDRESS		TELEPHONE #	

Please check all that apply

Help Needed

- | | |
|--|--|
| <input type="checkbox"/> Dependent on power for life support | <input type="checkbox"/> Need help with Auxiliary power |
| <input type="checkbox"/> Sight impaired | <input type="checkbox"/> Need a ride to safety |
| <input type="checkbox"/> Confined to bed | <input type="checkbox"/> Need ambulance for transportation |
| <input type="checkbox"/> Wheelchair user | <input type="checkbox"/> Need wheelchair accessible ride |
| <input type="checkbox"/> Deaf or Hard of Hearing | |
| <input type="checkbox"/> Other(specify) | |

IN THE EVENT OF AN EMERGENCY

Relative or person we can notify:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH
ADDRESS		TELEPHONE #	